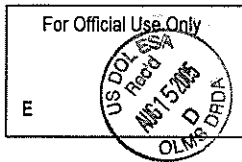


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8020	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Daniel J Quinn P.O. Box, Bldg., Room No., if any Street 127 Lindenvale Drive City McMurray State Pennsylvania ZIP Code + 4 15317	4. Name, file number, and address of labor organization. Name Boilermakers Local Lodge 154 Labor Organization File Number 031-850 P.O. Box, Building and Room Number, if any Street 1221 Banksville Road City Pittsburgh State Pennsylvania ZIP Code + 4 15216
5. Position in labor organization. Secretary-Treasurer/Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/10/2005 Date	412-343-3072 Telephone Number

Name of Person Filing Daniel Quinn	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Gem Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1200 Three Gateway Center</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Boilermakers Combined Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1200 Three Gateway Center</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222</p>	<p>11.a. Nature of such dealing.</p> <p>Administrators of the Boilermakers Local 154 Combined Funds</p> <p>11.b. Approximate dollar value of such dealing. \$1,800</p> <p>12.a. Nature of interest held or income received.</p> <p>2 hockey tickets</p> <p>12.b. Amount. \$110</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Multiple Service Providers for Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>Attended a Scholarship Golf Event established for participants of the Building Trades Pension Fund. The cost to attend event is paid by the service providers, who sponsor this event and paid to a separate entity, the Building Trades Scholarship Fund.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$216</p>

Name of Person Filing Daniel Quinn

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UPMC Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any One Chatham Center

Street 112 Washington Place

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219

14.a. Nature of payment.

Annual Labor Golf Outing

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Goldberg Persky & White

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1030 Fifth Avenue. Third Floor

City Pittsburgh

State Pennsylvania ZIP Code + 4 51219-6295

14.a. Nature of payment.

Golf Outing sponsored by Asbestos Counsel, who may potentially represent members of Local 154.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$402

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Daniel Quinn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbia Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1775 Pennsylvania Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKERS LODGE 154 RETIREMENT PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 NUMBER THREE GATEWAY CENTER

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15222

11.a. Nature of such dealing.

Financial investors for Boilermaker Annuity Fund

11.b. Approximate dollar value of such dealing.

\$60,946

12.a. Nature of interest held or income received.

August, 2004 - PA State Building Trades Convention
Golf Outing

12.b. Amount.

\$68